

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 American Academy of Neurology BrainPAC

ADDRESS (number and street) 401 C St NE Washington DC 20002 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00435933 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) OR [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [ ] April 15 Quarterly Report (Q1) [ ] July 15 Quarterly Report (Q2) [ ] October 15 Quarterly Report (Q3) [ ] January 31 Year-End Report (YE) [ ] July 31 Mid-Year Report (Non-election Year Only) (MY) [ ] Termination Report (TER) (b) Monthly Report Due On: [ ] Feb 20 (M2) [ ] May 20 (M5) [ ] Aug 20 (M8) [ ] Nov 20 (M11) (Non-Election Year Only) [ ] Mar 20 (M3) [ ] Jun 20 (M6) [ ] Sep 20 (M9) [ ] Dec 20 (M12) (Non-Election Year Only) [ ] Apr 20 (M4) [X] Jul 20 (M7) [ ] Oct 20 (M10) [ ] Jan 31 (YE) (c) 12-Day PRE-Election Report for the: [ ] Primary (12P) [ ] General (12G) [ ] Runoff (12R) [ ] Convention (12C) [ ] Special (12S) Election on [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] [ ] in the State of [ ] (d) 30-Day POST-Election Report for the: [ ] General (30G) [ ] Runoff (30R) [ ] Special (30S) Election on [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] [ ] in the State of [ ]

5. Covering Period 06 01 2016 through 06 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Mr. Timothy J. Engel

Signature of Treasurer Mr. Timothy J. Engel [Electronically Filed] Date 07 20 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="147260.14"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="152252.87"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="10002.99"/>	<input type="text" value="212665.72"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="162255.86"/>	<input type="text" value="359925.86"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="47000.00"/>	<input type="text" value="244670.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="115255.86"/>	<input type="text" value="115255.86"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**American Academy of Neurology BrainPAC**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8212.99	158455.77
(ii) Unitemized .....	1790.00	53709.95
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	10002.99	212165.72
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10002.99	212165.72
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	10002.99	212665.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10002.99	212665.72

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	47000.00	242500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	2170.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	2170.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	47000.00	244670.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	47000.00	244670.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	10002.99	212165.72
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	2170.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10002.99	209995.72
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Brett M. Kissela**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9878 Zig Zag Road  
 City Cincinnati State OH Zip Code 45242-6311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ of Cincinnati, Dept of Neuro Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 06 / 01 / 2016  
**Transaction ID : 39562483**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Dr. Elaine C. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 Park Row West Apt 621  
 City Providence State RI Zip Code 02903-1149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2545.45

Date of Receipt 06 / 01 / 2016  
**Transaction ID : 39562484**  
 Amount of Each Receipt this Period 409.09  
 Memo Item

**C. Dr. Dawn Eliashiv**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 204 South Stanley Drive  
 City Beverly Hills State CA Zip Code 90211-3005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer UCLA Occupation Physician  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 06 / 01 / 2016  
**Transaction ID : 39562485**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **909.09**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Nicholas Elwood Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 2207 E Camino Way

City State Zip Code  
Salt Lake City UT 84121-4908

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ. of Utah Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
06 / 02 / 2016  
**Transaction ID : 39570466**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Dr. Awais Riaz**  
Full Name (Last, First, Middle Initial)

Mailing Address 4454-A Kelmescott Lane

City State Zip Code  
Salt Lake City UT 84124-2580

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Univ. of Utah Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 03 / 2016  
**Transaction ID : 39571369**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Dr. Allison L. Weathers**  
Full Name (Last, First, Middle Initial)

Mailing Address 1251 Glencoe Avenue

City State Zip Code  
Evanston IL 60203-1935

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
RUMC RUMC Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.02

Date of Receipt  
06 / 03 / 2016  
**Transaction ID : 39571370**

Amount of Each Receipt this Period  
41.67

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	391.67
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 33  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Sarah M. Benish**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5949 Bradbury Court  
City Inver Grove Heights State MN Zip Code 55076-1597  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Fairview Health Services Occupation Neurologist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 06 / 03 / 2016  
**Transaction ID : 39571371**  
Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Dr. Mill Etienne**  
Full Name (Last, First, Middle Initial)  
Mailing Address 19 Coe Farm Road  
City Montebello State NY Zip Code 10901-2908  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Bon Secours Charity Health Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 504.00

Date of Receipt 06 / 08 / 2016  
**Transaction ID : 39579815**  
Amount of Each Receipt this Period 84.00  
 Memo Item

**C. Dr. Erik Perkins**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11660 Cypress Canyon Road  
City San Diego State CA Zip Code 92131-3756  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sharp-Rees-Stealy Medical Group Occupation Physician  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 600.00

Date of Receipt 06 / 09 / 2016  
**Transaction ID : 39582628**  
Amount of Each Receipt this Period 100.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 434.00  
**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Steven J. Holtz**  
Full Name (Last, First, Middle Initial)

Mailing Address 6970 Broadway Terrace

City State Zip Code  
Oakland CA 94611-1950

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
John Muir Physical Ntwk Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2016  
**Transaction ID : 39582630**

Amount of Each Receipt this Period  
100.00

Memo Item

**B. Dr. Bradley J. Rosenberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 1310 Rodeo Rd

City State Zip Code  
Arcadia CA 91006-2322

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Magan Medical Clinic Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 08 / 2016  
**Transaction ID : 39584087**

Amount of Each Receipt this Period  
500.00

Memo Item

**C. Dr. James C. Stevens**  
Full Name (Last, First, Middle Initial)

Mailing Address 12112 Aboite Center Rd

City State Zip Code  
Fort Wayne IN 46814-9528

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Allied Physicians, Inc. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1254.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
06 / 13 / 2016  
**Transaction ID : 39585181**

Amount of Each Receipt this Period  
209.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	809.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Constantine Moschonas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8113 E Del Cuarzo Dr  
 City State Zip Code  
 Scottsdale AZ 85258-2254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Four Peaks Neurology Physician  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 15 / 2016  
**Transaction ID : 39606486**  
 Amount of Each Receipt this Period  
 750.00  
 Memo Item

**B. Dr. Bibhuti Mishra**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5801 Potomac Ave NW  
 City State Zip Code  
 Washington DC 20016-2517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Inova Fairfax Hospital Neurologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 270.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016  
**Transaction ID : 39614328**  
 Amount of Each Receipt this Period  
 50.00  
 Memo Item

**C. Dr. Terrence L. Cascino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2931 Stone Park Dr NE  
 City State Zip Code  
 Rochester MN 55906-7722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Mayo Clinic Neurologist  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 504.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2016  
**Transaction ID : 39614329**  
 Amount of Each Receipt this Period  
 84.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	884.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Shannon M. Kilgore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11 Doud Dr  
 City Los Altos State CA Zip Code 94022-2323  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VA Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **333.33**

Date of Receipt **06 / 18 / 2016**  
**Transaction ID : 39619722**  
 Amount of Each Receipt this Period **111.11**  
 Memo Item

**B. Dr. Tariq Jawaid Alam**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1846 Winter Run Ct  
 City Chesterfield State MO Zip Code 63017-5674  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mercy Occupation Neurology  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 18 / 2016**  
**Transaction ID : 39619723**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**C. Dr. Daniel C. Potts**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 136 Covey Chase  
 City Tuscaloosa State AL Zip Code 35406-1801  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer VA Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **600.00**

Date of Receipt **06 / 19 / 2016**  
**Transaction ID : 39619734**  
 Amount of Each Receipt this Period **100.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **311.11**  
**TOTAL** This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Sarah Song**  
Full Name (Last, First, Middle Initial)

Mailing Address 2045 W. Concord Place, #405

City	State	Zip Code
Chicago	IL	60647-5481

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Rush	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2016  
**Transaction ID : 39619735**

Amount of Each Receipt this Period  
 84.00

Memo Item

**B. Dr. Nancy L. Mueller**  
Full Name (Last, First, Middle Initial)

Mailing Address 34 Stonybrook Road

City	State	Zip Code
Tenafly	NJ	07670-1118

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Self	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.96

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 19 / 2016  
**Transaction ID : 39619737**

Amount of Each Receipt this Period  
 416.66

Memo Item

**C. Dr. Joseph S. Kass**  
Full Name (Last, First, Middle Initial)

Mailing Address 4903 Valerie

City	State	Zip Code
Bellaire	TX	77401-5707

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Baylor College of Medicine	Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
504.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 23 / 2016  
**Transaction ID : 39641092**

Amount of Each Receipt this Period  
 84.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	584.66
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Stanley J. Whitney**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1108 Ronds Pointe Dr. West  
 City Tallahassee State FL Zip Code 32312-6788  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tallahassee Neurology Associates Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 540.00

Date of Receipt 06 / 23 / 2016  
**Transaction ID : 39641094**  
 Amount of Each Receipt this Period 90.00  
 Memo Item

**B. Dr. Keith Coffman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4119 W. 94th Terrace  
 City Prairie Village State KS Zip Code 66207-2713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Children's Mercy Hospital Occupation Self  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 300.00

Date of Receipt 06 / 23 / 2016  
**Transaction ID : 39641095**  
 Amount of Each Receipt this Period 50.00  
 Memo Item

**C. Dr. Lyell K. Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2055 Scenic View Lane SW  
 City Rochester State MN Zip Code 55902-2575  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mayo MN Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 252.00

Date of Receipt 06 / 24 / 2016  
**Transaction ID : 39642241**  
 Amount of Each Receipt this Period 42.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	182.00
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 33  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. William S. Gilmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2323 Dunstan Rd  
 City Houston State TX Zip Code 77005-2613  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 510.00

Date of Receipt 06 / 24 / 2016  
**Transaction ID : 39642243**  
 Amount of Each Receipt this Period 85.00  
 Memo Item

**B. Dr. Ralph F. Jozefowicz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 78 Lac Kine Drive  
 City Rochester State NY Zip Code 14618-5608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Rochester Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 24 / 2016  
**Transaction ID : 39642244**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**C. Dr. Michael R. Yochelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3919 Commander Drive  
 City Hyattsville State MD Zip Code 20782-1025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MedStar National Rehabilitation Hospit Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 504.00

Date of Receipt 06 / 24 / 2016  
**Transaction ID : 39642245**  
 Amount of Each Receipt this Period 84.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 419.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 33
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. David L. Camenga**  
Full Name (Last, First, Middle Initial)

Mailing Address 6 Glenwood Ave

City Augusta State ME Zip Code 04330-6906

FEC ID number of contributing federal political committee. **C**

Name of Employer: Togus Veterans' Adm Med Ctr Occupation: Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750.00**

Date of Receipt: **06 / 25 / 2016**

**Transaction ID : 39642656**

Amount of Each Receipt this Period: **125.00**

Memo Item

**B. Dr. David W. Brandes**  
Full Name (Last, First, Middle Initial)

Mailing Address 106 Autumn Woods Drive

City Sweetwater State TN Zip Code 37874-6482

FEC ID number of contributing federal political committee. **C**

Name of Employer: Self Occupation: Physician

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **510.00**

Date of Receipt: **06 / 25 / 2016**

**Transaction ID : 39642657**

Amount of Each Receipt this Period: **85.00**

Memo Item

**C. Dr. Gregory J. Esper**  
Full Name (Last, First, Middle Initial)

Mailing Address 2477 Oak Grove Estates

City Atlanta State GA Zip Code 30345-3899

FEC ID number of contributing federal political committee. **C**

Name of Employer: Emory Occupation: Neurologist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt: **06 / 25 / 2016**

**Transaction ID : 39642658**

Amount of Each Receipt this Period: **42.00**

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>252.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Bruce Sigsbee**  
Full Name (Last, First, Middle Initial)

Mailing Address 1199 Sennebec Rd

City Union State ME Zip Code 04862-4628

FEC ID number of contributing federal political committee. **C**

Name of Employer Penobscot Bay Medical Center Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : 39642660**

Amount of Each Receipt this Period  
 200.00

Memo Item

**B. Dr. Allison Brashear**  
Full Name (Last, First, Middle Initial)

Mailing Address 208 Hadley Ct

City Winston Salem State NC Zip Code 27106-4489

FEC ID number of contributing federal political committee. **C**

Name of Employer Wake Forest Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : 39642661**

Amount of Each Receipt this Period  
 80.00

Memo Item

**C. Dr. Faisal M. Qazi**  
Full Name (Last, First, Middle Initial)

Mailing Address 1240 West Valencia Mesa Drive

City Fullerton State CA Zip Code 92833-2221

FEC ID number of contributing federal political committee. **C**

Name of Employer Inland Neurologic Consultants Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 25 / 2016  
**Transaction ID : 39642662**

Amount of Each Receipt this Period  
 85.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	365.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Alireza Minagar**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8040 Captain Dillon Ct  
 City Shreveport State LA Zip Code 71115-4606  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LA State University Health Sciences Ct Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **252.00**

Date of Receipt **06 / 26 / 2016**  
**Transaction ID : 39642680**  
 Amount of Each Receipt this Period **42.00**  
 Memo Item

**B. Dr. Janice F. Wiesman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 330 E 38th Street Apt 14D  
 City New York State NY Zip Code 10016-2768  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Boston University School of Medicine Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1254.00**

Date of Receipt **06 / 27 / 2016**  
**Transaction ID : 39643346**  
 Amount of Each Receipt this Period **209.00**  
 Memo Item

**C. Dr. Kenneth J. Villa**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4056 Saint James Pl  
 City San Diego State CA Zip Code 92103-1630  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SHARP San Diego Health Care Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 28 / 2016**  
**Transaction ID : 39643904**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>376.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Marsha Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 94 Shenandoah Court  
 City Portsmouth State OH Zip Code 45662-8660  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Southern OH Med. Center Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2016  
**Transaction ID : 39643905**  
 Amount of Each Receipt this Period  
 100.00  
 Memo Item

**B. Dr. Jeremy M. Shefner**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6618 North 48th Street  
 City Paradise Valley State AZ Zip Code 85253-4056  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Barrow Neurological Institute Occupation Neurologist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2016  
**Transaction ID : 39643908**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Dr. Thomas Swanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5748 Prospect Dr  
 City Missoula State MT Zip Code 59808-8608  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Physician  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2016  
**Transaction ID : 39643909**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	475.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. David Z. Wang**  
Full Name (Last, First, Middle Initial)

Mailing Address 7020 North Skyline Dr

City	State	Zip Code
Peoria	IL	61614-3147

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
OSF Healthcare	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2016  
**Transaction ID : 39643913**

Amount of Each Receipt this Period  
 125.00

Memo Item

**B. Dr. Glen R. Finney**  
Full Name (Last, First, Middle Initial)

Mailing Address 828 Homestead Dr

City	State	Zip Code
Dallas	PA	18612-7227

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
Geisinger	Behavioral Neurology

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1250.04

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2016  
**Transaction ID : 39643914**

Amount of Each Receipt this Period  
 208.34

Memo Item

**C. Dr. Terry D. Fife**  
Full Name (Last, First, Middle Initial)

Mailing Address 9927 N. 123rd Street

City	State	Zip Code
Scottsdale	AZ	85259-6026

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
St. Joseph's Hospital	Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 28 / 2016  
**Transaction ID : 39643915**

Amount of Each Receipt this Period  
 100.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	433.34
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Richard Earl Popwell Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 42 E. Fieldview Circle

City Bozeman State MT Zip Code 59715-7180

FEC ID number of contributing federal political committee. **C**

Name of Employer Deaconess Health Group Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 28 / 2016  
**Transaction ID : 39643916**

Amount of Each Receipt this Period 125.00

Memo Item

**B. Dr. Carolyn L. Taylor**  
Full Name (Last, First, Middle Initial)

Mailing Address 4732 Lost Creek Lane

City Bellingham State WA Zip Code 98229-2574

FEC ID number of contributing federal political committee. **C**

Name of Employer Northwest Neurology Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 28 / 2016  
**Transaction ID : 39643917**

Amount of Each Receipt this Period 100.00

Memo Item

**C. Dr. John W. Henson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4785 Kitty Hawk Drive

City Atlanta State GA Zip Code 30342-2506

FEC ID number of contributing federal political committee. **C**

Name of Employer Piedmont Healthcare Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 28 / 2016  
**Transaction ID : 39643918**

Amount of Each Receipt this Period 50.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	275.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Bruce H. Cohen**  
Full Name (Last, First, Middle Initial)

Mailing Address 3141 Neille Lane

City State Zip Code  
Twinsburg OH 44087-3808

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Children's Hospital and Med. Center of Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1194.80

Date of Receipt  
06 / 28 / 2016  
**Transaction ID : 39643919**

Amount of Each Receipt this Period  
186.46

Memo Item

**B. Dr. Steven L. Lewis**  
Full Name (Last, First, Middle Initial)

Mailing Address 1725 W Harrison St Ste 1106

City State Zip Code  
Chicago IL 60612-3845

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Rush Univ. Med. Ctr. Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1254.00

Date of Receipt  
06 / 28 / 2016  
**Transaction ID : 39643920**

Amount of Each Receipt this Period  
209.00

Memo Item

**C. Dr. Lily Jung Henson**  
Full Name (Last, First, Middle Initial)

Mailing Address 4785 Kitty Hawk Drive

City State Zip Code  
Atlanta GA 30342-2506

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Piedmont Healthcare Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2499.96

Date of Receipt  
06 / 28 / 2016  
**Transaction ID : 39643921**

Amount of Each Receipt this Period  
416.66

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	812.12
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 33
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Dr. Gregory L. Barkley**  
Full Name (Last, First, Middle Initial)

Mailing Address 2890 Burlington St

City Ann Arbor State MI Zip Code 48105-1435

FEC ID number of contributing federal political committee. **C**

Name of Employer Henry Ford Hospital Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 28 / 2016  
Transaction ID : 39643922

Amount of Each Receipt this Period 100.00

Memo Item

**B. Dr. Yoon-Hee Cha**  
Full Name (Last, First, Middle Initial)

Mailing Address 4313 South Retana Avenue

City Broken Arrow State OK Zip Code 74011-1398

FEC ID number of contributing federal political committee. **C**

Name of Employer St. Francis Hospital Occupation Neurologist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 28 / 2016  
Transaction ID : 39643924

Amount of Each Receipt this Period 50.00

Memo Item

**C. Dr. Heidi B. Schwarz**  
Full Name (Last, First, Middle Initial)

Mailing Address 90 Gorham St

City Canandaigua State NY Zip Code 14424-1805

FEC ID number of contributing federal political committee. **C**

Name of Employer Unity Health Occupation Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 30 / 2016  
Transaction ID : 39654886

Amount of Each Receipt this Period 100.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 33  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A.** Full Name (Last, First, Middle Initial)  
**Dr. David R. Greeley**

Mailing Address 1125 E 27th Avenue

City State Zip Code  
Spokane WA 99203-3348

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Northwest Neurological Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

**Transaction ID : 39663996**

Amount of Each Receipt this Period  
50.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

**C.** Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	8212.99

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Diana Degette For Congress**

Mailing Address P.O. Box 61337

City State Zip Code  
Denver CO 80206

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Diana DeGette**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CO District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	1	6

**Transaction ID : 39570788**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Cramer For Congress**

Mailing Address PO Box 396

City State Zip Code  
Bismarck ND 58502

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Kevin J. Cramer**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ND District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	6

**Transaction ID : 39579851**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Wenstrup For Congress**

Mailing Address PO Box 9551

City State Zip Code  
Cincinnati OH 45209

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Brad Wenstrup**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	6

**Transaction ID : 39582014**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Memo Item  
Campaign Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**TOTAL** This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Dena**

Mailing Address 3956 Town Center Blvd  
Ste 457

City Orlando State FL Zip Code 32837

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Dena Grayson MD PhD**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 09

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 39582015**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Prosperity PAC**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314

Purpose of Disbursement  
Leadership PAC Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 39582016**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Leadership PAC Contribution

Full Name (Last, First, Middle Initial)

**C. Diane Black For Congress**

Mailing Address PO Box 1437

City Gallatin State TN Zip Code 37066

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Diane Black**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 06

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 39582017**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

7000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Citizens For Rothfus Inc.**

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Keith Rothfus**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 39582018**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Denny Heck For Congress**

Mailing Address PO Box 235

City Olympia State WA Zip Code 98507

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Denny Heck**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 10

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 39582019**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Friends Of Raja For Congress**

Mailing Address PO Box 681202

City Schaumburg State IL Zip Code 60168

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**S. Raja Krishnamoorthi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 08

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 39582020**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Friends Of Erik Paulsen**

Mailing Address P.O. Box 44369  
250 Prairie Center Drive

City Eden Prairie State MN Zip Code 55344

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Erik P. Paulsen**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 39582021**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Bilirakis For Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Gus M. Bilirakis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 39582022**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Kind For Congress Committee**

Mailing Address 205 5th Avenue S  
Room 428

City La Crosse State WI Zip Code 54601

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Ron Kind**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2016

**Transaction ID : 39582023**

Amount of Each Disbursement this Period

5000.00

Memo Item  
Campaign Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

12500.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. David Scott For Congress**

Mailing Address P.O. Box 960821

City Riverdale State GA Zip Code 30296

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. David Albert Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 13

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	6

**Transaction ID : 39582024**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Friends Of John Thune**

Mailing Address PO Box 841

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Sen. John R. Thune**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	8		2	0	1	6

**Transaction ID : 39582025**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Continuing America's Strength & Security PAC**

Mailing Address P.O. Box 14331

City Baton Rouge State LA Zip Code 70898

Purpose of Disbursement  
Leadership PAC Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	6

**Transaction ID : 39632171**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item  
Leadership PAC Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	5	0	0	0	0	0	0	0	0

**TOTAL** This Period (last page this line number only)..... ▶

4	5	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Cathy McMorris Rodgers For Congress**

Mailing Address Box 137

City Spokane State WA Zip Code 99210

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Cathy McMorris Rodgers**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	6

**Transaction ID : 39632172**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Roskam For Congress Committee**

Mailing Address P. O. Box 713

City Wheaton State IL Zip Code 60187

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Peter Roskam**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	6

**Transaction ID : 39632193**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Tom Reed For Congress**

Mailing Address PO Box 10847

City Rochester State NY Zip Code 14610

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Tom Reed**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	1		2	0	1	6

**Transaction ID : 39632194**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Memo Item  
Campaign Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3	0	0	0	0	0	0	0	0	0

**TOTAL** This Period (last page this line number only)..... ▶

3	0	0	0	0	0	0	0	0	0

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Pat Meehan For Congress**

Mailing Address 50 S Providence Rd

City State Zip Code  
Media PA 19063

Purpose of Disbursement  
Campaign Contribution

Category/  
Type

Candidate Name  
**Rep. Patrick L. Meehan**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: PA District: 07

Date of Disbursement

/  /

**Transaction ID : 39632195**

Amount of Each Disbursement this Period

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Beatty For Congress**

Mailing Address 222 East Town Street  
Suite 2w

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
Campaign Contribution

Category/  
Type

Candidate Name  
**Rep. Joyce B. Beatty**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: OH District: 03

Date of Disbursement

/  /

**Transaction ID : 39632197**

Amount of Each Disbursement this Period

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Mark Takano For Congress**

Mailing Address PO Box 5214

City State Zip Code  
Riverside CA 92517

Purpose of Disbursement  
Campaign Contribution

Category/  
Type

Candidate Name  
**Rep. Mark Takano**

Office Sought:  House  Senate  President  
Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼  
State: CA District: 41

Date of Disbursement

/  /

**Transaction ID : 39632199**

Amount of Each Disbursement this Period

Memo Item  
Campaign Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Lynn Jenkins For Congress**

Mailing Address PO Box 1441

City Topeka State KS Zip Code 66601

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Lynn Jenkins**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KS District: 02

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 39632200**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. Kristi For Congress**

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Rep. Kristi Lynn Noem**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District: 00

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 39632223**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. McConnell Senate Committee**

Mailing Address PO Box 1496

City Louisville State KY Zip Code 40201

Purpose of Disbursement  
Campaign Contribution

011

Candidate Name

**Sen. Mitch McConnell**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: KY District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 39632252**

Amount of Each Disbursement this Period

2500.00

Memo Item  
Campaign Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

Full Name (Last, First, Middle Initial)

**A. Schatz For Senate**

Mailing Address PO Box 3828

City Honolulu State HI Zip Code 96812

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Sen. Brian E. Schatz**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: HI District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 39632255**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**B. People For Ben**

Mailing Address PO Box 31129

City Santa Fe State NM Zip Code 87594

Purpose of Disbursement  
Campaign Contribution

011

Category/  
Type

Candidate Name

**Rep. Ben Ray Lujan Jr.**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NM District: 03

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 39632256**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Campaign Contribution

Full Name (Last, First, Middle Initial)

**C. Keystone America PAC**

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement  
Leadership PAC Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
06 / 21 / 2016

**Transaction ID : 39632262**

Amount of Each Disbursement this Period

1000.00

Memo Item  
Leadership PAC Contribution

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00

**TOTAL** This Period (last page this line number only)..... ▶



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**American Academy of Neurology BrainPAC**

**A. Cresent Hardy For Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 753941

City Las Vegas State NV Zip Code 89136

Purpose of Disbursement Campaign Contribution

Candidate Name Rep. Cresent Hardy

Office Sought:  House  Senate  President  
State: NV District: 04

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 21 / 2016

**Transaction ID : 39632263**

Amount of Each Disbursement this Period: 1000.00

Memo Item Campaign Contribution

**B. HellerHighWater PAC**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 370672

City Las Vegas State NV Zip Code 89137

Purpose of Disbursement Leadership PAC Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  Other (specify) ▼

Date of Disbursement: 06 / 28 / 2016

**Transaction ID : 39644068**

Amount of Each Disbursement this Period: 1000.00

Memo Item Leadership PAC Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  
 Primary  General  Other (specify) ▼

Date of Disbursement:

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	47000.00